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RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP NO. 2629

In re Application of:

Kazunori OYAMA et al.

Application No.: 10/764,538

Filed: January 27, 2004

For: DRIVING METHOD FOR ELECTRON-EMITTING
DEVICE, DRIVING METHOD FOR ELECTRON
SOURCE, MANUFACTURING METHOD FOR
ELECTRON SOURCE, AND IMAGE DISPLAY
APPARATUS

Docket No. 02910.000110.

Examiner: K.W. Chang

Group Art Unit: 2629

Confirmation No.: 9614

Date: August 7, 2006

Mail Stop After Final
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection and Petition for Extension of Time in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 22	MINUS	** 20	2	x \$25 \$50	100.00
INDEP. CLAIMS	* 8	MINUS	*** 5	3	x \$100 \$200	600.00
Fee for Multiple Dependent claims \$180°/\$360						0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						700.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☒ Charge \$ 700.00 to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

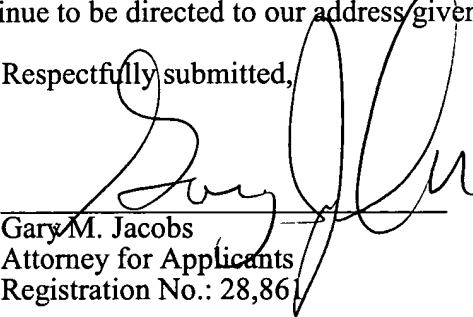
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ Charge \$ 120.00 to Deposit Account No. 06-1205 to cover the fee for a one (1) month extension.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Gary M. Jacobs
Attorney for Applicants
Registration No.: 28,861

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